

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 17 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1158

1. PLACE OF DEATH

County Iron

Registration District No. 391

Township Acadia

Primary Registration District No. 4230

City Ironton

(No. 1)

File No. 5

Registered No. 5

St. Mo.

Ward 1

2. FULL NAME Nancy Anne Parton

(a) Residence, No. 15

St. Mo.

Ward 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Chris Parton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1884

7. AGE

YEARS

52

MONTHS

7

DAYS

12

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

housewife 235

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Washington Co.  
(STATE OR COUNTRY) Mo.

FATHER

13. NAME Ellis Taylor

14. BIRTHPLACE (CITY OR TOWN) Tenn.  
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

17. INFORMANT Chris Parton Ironton Mo.  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pilot Knob Mo. DATE Jan 21, 1937

19. UNDERTAKER White & Son Ironton Mo.  
(ADDRESS)

20. FILED Jan 25, 1937 R. A. Rasche  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 37 19

22. I HEREBY CERTIFY That I attended deceased from Dec. 16 1936 to Jan 20 37

I last saw her alive on Jan 19 37 Death is said to have occurred on the date stated above, at 9.00A.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs.

Date of onset

?

Other contributory causes of importance

Name of operation ..... Date of .....

What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) G. C. Anson M. D.

(Address) Ironton, Mo

